

Date Due Back to State Personnel

Suggestion Number

INDIANA EMPLOYEE SUGGESTION PROGRAM EVALUATION FORM

Agency Suggestion Coordinator

Name: _____ Agency: _____

Evaluator's Name: _____ Date Sent to Evaluator: _____

Due Date: _____ Date Returned to State Coordinator: _____

Agency Suggestion Evaluator

Name: _____ Agency: _____

Position: _____ Telephone Number: _____

Date Received: _____ Due Date: _____

1. Is this suggestion an original idea? (answer no if the ideas has been considered in the past)
☐ YES ☐ NO If no, cite the source of the consideration (i.e. staff meeting etc.)

2. Is legislation required to implement this suggestion?
☐ YES ☐ NO
3. Is the formulation or implementation of this idea considered a part of the suggestor's normal job duties?
☐ YES ☐ NO If yes, please include a copy of the suggestor's job duties.
4. Does this suggestion adequately describe an existing problem or condition?
☐ YES ☐ NO Please Explain

5. Does it offer a workable solution?
☐ YES ☐ NO Please Explain

6. Does this suggestion result in a measurable cost savings?

☐ YES

☐ NO

Please determine actual amount of savings to be realized **within the first year of implementation using the formulas below.**

1. Present Costs

	<u>Amount</u>	<u>X</u>	<u>Cost</u>	<u>=</u>	<u>Annual Expense</u>
<u>Labor</u>					
<u>Supplies/Equipment</u>					
<u>Printing</u>					
<u>Utilities/Services</u>					
<u>Postage</u>					
<u>Other</u>					
<u>Total Estimated Present Costs (1)</u>					▶ <input type="text"/>

2. Proposed Costs

	<u>Amount</u>	<u>X</u>	<u>Cost</u>	<u>=</u>	<u>Annual Expense</u>
<u>Labor</u>					
<u>Supplies/Equipment</u>					
<u>Printing</u>					
<u>Utilities/Services</u>					
<u>Postage</u>					
<u>Other</u>					
<u>Total Estimated Proposed Costs (2)</u>					▶ <input type="text"/>

3. Savings

<u>Present Total Costs (1)</u>	
<u>Proposed Total Costs (2)</u>	<u>(-)</u>
<u>Equals 1st Year</u>	<u>(=)</u>
<u>Savings (3)</u>	

4. Implementation Costs

	<u>Amount</u>	<u>X</u>	<u>Cost</u>	<u>=</u>	<u>Annual Expense</u>
<u>Labor</u>					
<u>Supplies/Equipment</u>					
<u>Printing</u>					
<u>Utilities/Services</u>					
<u>Postage</u>					
<u>Other</u>					
<u>Total Estimated Implementation Costs (4)</u>					▶ <input type="text"/>

5. Net Savings

<u>1st Year Savings (Total From 3 Above)</u>	▶	
<u>Implementation Costs (Total From 4 Above)</u>	▶	<u>(-)</u>
<u>Equals Net Savings*</u>	▶	<input type="text"/>

Note: The net savings during the first year of implementation will be the basis for any monetary award. In determining the amount of any award, the suggestion committee will use the following formula: For Savings of \$100,000 or lower, the amount of the award will be 5% of the first year's savings. For Savings of \$100,000 to \$200,000, the award will be 5% of the first \$100,000 plus 2.5% of the following \$100,000. For Savings above \$200,000, the award will be 5% of the first \$100,000 plus 2.5% of the following \$100,000 plus 1% of the savings above \$200,000. In any event, the maximum award will not exceed \$13,000.

7. Does this suggestion improve safety or quality of service? (If yes, circle one number for each category)

☐ YES

☐ NO

None

Minor

Medium

Major

What is the magnitude of the change in organization/
convenience, simplification or saving of time?

0

1 2 3

4 5 6

7 8

Change in procedure reduces backlog, forms or duplication

0

1 2 3

4 5 6

7 8

Potential improvement of services to the public or to an agency

0

1 2 3

4 5 6

7 8

Point Total _____

8. Does your agency plan to implement this suggestion?

☐ YES

☐ NO

9. Other Comments:

Evaluator's Signature _____ Date _____

HRD Signature _____ Date _____

Please Return Evaluation Form to:

**Kristin Brown, State Suggestion Coordinator
Indiana Employee Suggestion Program
Indiana Government Center – South
402 W Washington St, Room W-161
Indianapolis, Indiana 46204-2261**